

In re: MELENDEZ GARCIA, WALDEMAR & RIVERA RODRIGUEZ, ANA D
 Debtor(s)
 Case Number: 10-10250-B
 (If known)

According to the calculations required by this statement:

The applicable commitment period is 3 years.
 The applicable commitment period is 5 years.
 Disposable income is determined under § 1325(b)(3).
 Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.	Column A Debtor's Income	Column B Spouse's Income						
1	<p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.</p> <p>b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</p> <p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>								
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 3,000.01	\$ 1,394.45						
3	<p>Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</p> <table border="1"> <tr> <td>a. Gross receipts</td> <td>\$</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td>c. Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>	a. Gross receipts	\$	b. Ordinary and necessary operating expenses	\$	c. Business income	Subtract Line b from Line a	\$	\$
a. Gross receipts	\$								
b. Ordinary and necessary operating expenses	\$								
c. Business income	Subtract Line b from Line a								
4	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</p> <table border="1"> <tr> <td>a. Gross receipts</td> <td>\$</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td>c. Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>	a. Gross receipts	\$	b. Ordinary and necessary operating expenses	\$	c. Rent and other real property income	Subtract Line b from Line a	\$	\$
a. Gross receipts	\$								
b. Ordinary and necessary operating expenses	\$								
c. Rent and other real property income	Subtract Line b from Line a								
5	Interest, dividends, and royalties.	\$	\$						
6	Pension and retirement income.	\$	\$						
7	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.</p>	\$	\$						

8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a. _____	_____	\$ _____	\$	\$
	b. _____	_____	\$ _____	\$	\$
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$ 3,000.01	\$ 1,394.45
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			\$	4,394.46

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.			\$ 4,394.46
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.			
	a. _____	_____	\$ _____	
	b. _____	_____	\$ _____	
	c. _____	_____	\$ _____	
	Total and enter on Line 13.			\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.			\$ 4,394.46
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.			\$ 52,733.52
16	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
	a. Enter debtor's state of residence: <u>Puerto Rico</u>		b. Enter debtor's household size: <u>5</u>	\$ 34,934.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.			
	<input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.			
	<input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.			

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.			\$ 4,394.46
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19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		\$
	b.		\$
	c.		\$
	Total and enter on Line 19.		\$ 0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.		\$ 4,394.46
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.		\$ 52,733.52
22	Applicable median family income. Enter the amount from Line 16.		\$ 34,934.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.		

Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$ 1,633.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.		
	Household members under 65 years of age	Household members 65 years of age or older	
	a1. Allowance per member 60.00	a2. Allowance per member 144.00	
	b1. Number of members 5	b2. Number of members 0	
	c1. Subtotal 300.00	c2. Subtotal 0.00	\$ 300.00
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).		\$ 505.00

25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">1,362.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$</td> <td style="text-align: right;">1,297.60</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td></td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	1,362.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	1,297.60	c.	Net mortgage/rental expense		Subtract Line b from Line a	\$ 64.40
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	1,362.00													
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	1,297.60													
c.	Net mortgage/rental expense		Subtract Line b from Line a													
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>			\$												
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>			\$ 530.00												
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>			\$												
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">0.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td></td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	IRS Transportation Standards, Ownership Costs	\$	0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$		c.	Net ownership/lease expense for Vehicle 1		Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$	0.00													
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$														
c.	Net ownership/lease expense for Vehicle 1		Subtract Line b from Line a													

B22C (Official Form 22C) (Chapter 13) (04/10)

29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the “2 or more” Box in Line 28. Enter, in Line a below, the “Ownership Costs” for “One Car” from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.		
	a.	IRS Transportation Standards, Ownership Costs	\$ 496.00
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ 303.49	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	
		\$ 192.51	
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.		
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.		
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		
		\$ 4,421.62	

Subpart B: Additional Expense Deductions under § 707(b)
Note: Do not include any expenses that you have listed in Lines 24-37

39	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; vertical-align: top; padding: 2px;">a.</td> <td style="width: 80%; vertical-align: top; padding: 2px;">Health Insurance</td> <td style="width: 15%; vertical-align: top; padding: 2px; text-align: right;">\$</td> <td style="width: 10%;"></td> </tr> <tr> <td style="vertical-align: top; padding: 2px;">b.</td> <td style="vertical-align: top; padding: 2px;">Disability Insurance</td> <td style="vertical-align: top; padding: 2px; text-align: right;">\$ 4.95</td> <td></td> </tr> <tr> <td style="vertical-align: top; padding: 2px;">c.</td> <td style="vertical-align: top; padding: 2px;">Health Savings Account</td> <td style="vertical-align: top; padding: 2px; text-align: right;">\$</td> <td></td> </tr> </table> <p>Total and enter on Line 39</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$		b.	Disability Insurance	\$ 4.95		c.	Health Savings Account	\$		\$ 4.95
a.	Health Insurance	\$												
b.	Disability Insurance	\$ 4.95												
c.	Health Savings Account	\$												
40	<p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.</p>	\$												
41	<p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	\$												
42	<p>Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</p>	\$												
43	<p>Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</p>	\$ 30.00												
44	<p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.</p>	\$												
45	<p>Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.</p>	\$												
46	<p>Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.</p>	\$ 34.95												

Subpart C: Deductions for Debt Payment

<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.</p>				
47	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a. FIRSTBANK	Residence	\$ 1,192.38	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	b. BAXTER CREDIT UNION	Automobile (2)	\$ 303.49	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
	c. See Continuation Sheet		\$ 105.22	<input type="checkbox"/> yes <input type="checkbox"/> no
		Total: Add lines a, b and c.		
				\$ 1,601.09
<p>Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p>				
48	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a. FIRSTBANK	Residence	\$ 104.20	
	b.		\$	
	c.		\$	
		Total: Add lines a, b and c.		
				\$ 104.20
49	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.</p>			\$ 71.85
<p>Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p>				
50	a. Projected average monthly Chapter 13 plan payment.	\$		
	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X		
	c. Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b		
51	<p>Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.</p>			\$ 1,777.14
<p>Subpart D: Total Deductions from Income</p>				
52	<p>Total of all deductions from income. Enter the total of Lines 38, 46, and 51.</p>			\$ 6,233.71

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$ 4,394.46															
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$															
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$															
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$ 6,233.71															
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.																
	<table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td style="text-align: right;">Total: Add Lines a, b, and c</td> <td>\$</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.		\$	b.		\$	c.		\$		Total: Add Lines a, b, and c	\$	
	Nature of special circumstances	Amount of expense															
a.		\$															
b.		\$															
c.		\$															
	Total: Add Lines a, b, and c	\$															
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$ 6,233.71															
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ -1,839.25															

Part VI. ADDITIONAL EXPENSE CLAIMS

	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.																
59	<table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> <td>\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$		Total: Add Lines a, b and c	\$	
	Expense Description	Monthly Amount															
a.		\$															
b.		\$															
c.		\$															
	Total: Add Lines a, b and c	\$															

Part VII. VERIFICATION

	I declare under penalty of perjury that the information provided in this statement is true and correct. (<i>If this a joint case, both debtors must sign.</i>)	
60	Date: <u>November 5, 2010</u>	Signature: <u>/s/ WALDEMAR MELENDEZ GARCIA</u> (Debtor)
	Date: <u>November 5, 2010</u>	Signature: <u>/s/ ANA D RIVERA RODRIGUEZ</u> (Joint Debtor, if any)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME
Continuation Sheet - Future payments on secured claims

Name of Creditor	Property Securing the Debt	60-month Average Pmt	Does payment include taxes or insurance?
CRIM DEPARTAMENTO DE HACIENDA	Residence Residence	100.48 4.74	No No

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. 10-10250-BMELENDEZ GARCIA, WALDEMAR & RIVERA RODRIGUEZ, ANA DChapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 220,000.00		
B - Personal Property	Yes	3	\$ 39,813.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 212,487.12	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 4,310.84	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10		\$ 53,464.37	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,955.82
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 3,575.82
TOTAL		25	\$ 259,813.00	\$ 270,262.33	

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. 10-10250-BMELENDEZ GARCIA, WALDEMAR & RIVERA RODRIGUEZ, ANA DChapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 3,091.23
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 1,219.61
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 4,310.84

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,955.82
Average Expenses (from Schedule J, Line 18)	\$ 3,575.82
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 4,394.46

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 3,594.58
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 4,310.84
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 53,464.37
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 57,058.95

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence 2 story cement-structured house on 320m2 lot with 4 bedrooms, 2 bathrooms on upper level and living room, kitchen, dining room, 2 car garage and terrace on lower level at Palacios del Rio I, 529 Calle Botijas, Toa Alta, Puerto Rico. Purchased in 2006 for \$215,000.00. Improvements: \$0.00. Appraised in 2006 for \$220,000.00 by FirstBank for financing purposes.			220,000.00	194,277.54
			TOTAL	220,000.00

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking Account #XXXXX3162 Doral Bank	J	818.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	2 Chests 3 Beds 3 T.V. Sets 4 Air Conditioners Bedroom Set Dinette Laptop Computer Living Room Set Refrigerator Stereo Stove Washing Machine and Dryer Combo	J	150.00 300.00 200.00 800.00 1,000.00 200.00 200.00 400.00 350.00 100.00 250.00 200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.				
4. Household goods and furnishings, include audio, video, and computer equipment.				
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X	Apparel 2 Wedding Rings Wrist Watch	J	500.00 300.00 75.00
6. Wearing apparel.				
7. Furs and jewelry.				
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1999 Mitsubishi Montero 2003 Ford Expedition	J J	6,605.00 12,750.00

**SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)**

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$146,450. *

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
Residence 2 story cement-structured house on 320m2 lot with 4 bedrooms, 2 bathrooms on upper level and living room, kitchen, dining room, 2 car garage and terrace on lower level at Palacios del Rio I, 529 Calle Botijas, Toa Alta, Puerto Rico. Purchased in 2006 for \$215,000.00. Improvements: \$0.00. Appraised in 2006 for \$220,000.00 by FirstBank for financing purposes.	11 USC § 522(d)(1)	25,722.46	220,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Checking Account #XXXXXX3162 Doral Bank	11 USC § 522(d)(5)	818.00	818.00
2 Chests	11 USC § 522(d)(3)	150.00	150.00
3 Beds	11 USC § 522(d)(3)	300.00	300.00
3 T.V. Sets	11 USC § 522(d)(3)	200.00	200.00
4 Air Conditioners	11 USC § 522(d)(3)	800.00	800.00
Bedroom Set	11 USC § 522(d)(3)	1,000.00	1,000.00
Dinette	11 USC § 522(d)(3)	200.00	200.00
Laptop Computer	11 USC § 522(d)(3)	200.00	200.00
Living Room Set	11 USC § 522(d)(3)	400.00	400.00
Refrigerator	11 USC § 522(d)(3)	350.00	350.00
Stereo	11 USC § 522(d)(3)	100.00	100.00
Stove	11 USC § 522(d)(3)	250.00	250.00
Washing Machine and Dryer Combo	11 USC § 522(d)(3)	200.00	200.00
Apparel	11 USC § 522(d)(3)	500.00	500.00
2 Wedding Rings	11 USC § 522(d)(4)	300.00	300.00
Wrist Watch	11 USC § 522(d)(4)	75.00	75.00
1999 Mitsubishi Montero	11 USC § 522(d)(2) 11 USC § 522(d)(5)	3,450.00 3,155.00	6,605.00
2003 Ford Expedition	11 USC § 522(d)(2) 11 USC § 522(d)(5)	3,450.00 9,300.00	12,750.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. 744731-11	J		05/2007 AUTO LOAN 2007 FORD VAN **STAY TO BE LIFTED**				18,209.58
BAXTER CREDIT UNION PO BOX 1128 SAINT JUST, PR 00978-1128			VALUE \$ 14,615.00				3,594.58
ACCOUNT NO.			Assignee or other notification for: BAXTER CREDIT UNION				
BAXTER CREDIT UNION PO BOX 8133 VERNON HILLS, IL 60061-8133			VALUE \$				
ACCOUNT NO.			Assignee or other notification for: BAXTER CREDIT UNION				
BAXTER CREDIT UNION 340 N MILWAUKEE AVE VERNON HILLS, IL 60061-1533			VALUE \$				
ACCOUNT NO.			Assignee or other notification for: BAXTER CREDIT UNION				
BAXTER CREDIT UNION 400 LAKEVIEW PKWY VERNON HILLS, IL 60061-1854			VALUE \$				

1 continuation sheets attached

Subtotal
(Total of this page)

Total
(Use only on last page)

\$ **18,209.58** \$ **3,594.58**

\$ \$

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. 112-067-465-08-000	J		2006 TO 2010 PROPERTY TAX RESIDENCE				6,028.85
CRIM PO BOX 195387 SAN JUAN, PR 00919-5387			VALUE \$ 220,000.00				
ACCOUNT NO. 112-067-465-08-000	J		09/2010 SPECIAL PROPERTY TAX RESIDENCE				284.69
DEPARTAMENTO DE HACIENDA CONT PROPIEDAD INMUEBLE PO BOX 50066 SAN JUAN, PR 00902-6266			VALUE \$ 22,000.00				
ACCOUNT NO.			Assignee or other notification for: DEPARTAMENTO DE HACIENDA				
DEPARTMENT OF TREASURY BANKRUPTCY DEPT OFF 424B PO BOX 9024140 SAN JUAN, PR 00902-4140			VALUE \$				
ACCOUNT NO. 0000181084	J		02/2005 MORTGAGE LOAN RESIDENCE ARREARS: \$1,250.37 X 5 (JULY TO NOV.) = \$6,251.85				187,964.00
FIRSTBANK DEPARTAMENTO DE HIPOTECAS PO BOX 8318 SAN JUAN, PR 00910-0318			VALUE \$ 220,000.00				
ACCOUNT NO.			Assignee or other notification for: FIRSTBANK				
FIRSTBANK BANKRUPTCY DEPARTMENT PO BOX 9146 SAN JUAN, PR 00908-0146			VALUE \$				
ACCOUNT NO.							
			VALUE \$				
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims				Subtotal (Total of this page)		\$ 194,277.54	\$
				Total (Use only on last page)		\$ 212,487.12	\$ 3,594.58

(Report also on
Summary of
Schedules.)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Domestic Support Obligations

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
				DISPUTED			
ACCOUNT NO. 0260631 ASUME OFIC LOCAL DE REGION BAYAMON PO BOX 2578 BAYAMON, PR 00960-2578	J	07/2009 CHILD SUPPORT DSO HOLDER TEL. (716)-348-0916			3,091.23	3,091.23	
ACCOUNT NO. ASUME PO BOX 71316 SAN JUAN, PR 00936-8416		Assignee or other notification for: ASUME					
ACCOUNT NO. ELAINE VILLAFANE RIVERA 723 LEGACY DR BRUNSWICK, GA 31525-3130		Assignee or other notification for: ASUME					
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							

Sheet no. **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Totals of this page)

\$ **3,091.23** \$ **3,091.23** \$

Total
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$

Total
(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
				DISPUTED			
ACCOUNT NO. XXX-XX-6730 INTERNAL REVENUE SERVICE SAN PATRICIO OFFICE CENTER 7 CALLE TABONUCO GUAYNABO, PR 00968-3002	J	2008 1040PR			1,219.61	1,219.61	
ACCOUNT NO. ASSISTANT US ATTORNEY TORRE CHARDON SUITE 1201 150 AVE CARLOS CHARDON STE 350 SAN JUAN, PR 00918-2124		Assignee or other notification for: INTERNAL REVENUE SERVICE					
ACCOUNT NO. ATTORNEY GENERAL DEPT JUSTICE MAIN BLDG ROOM 5111 10TH AND PENNSYLVANIA AVENUE NW WASHINGTON, DC 20530-0001		Assignee or other notification for: INTERNAL REVENUE SERVICE					
ACCOUNT NO. DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA, PA 19255-0001		Assignee or other notification for: INTERNAL REVENUE SERVICE					
ACCOUNT NO. INTERNAL REVENUE SERVICE CITY VIEW PLAZA II 48 CARR 165 STE 2000 GUAYNABO, PR 00968-8000		Assignee or other notification for: INTERNAL REVENUE SERVICE					
ACCOUNT NO.							
Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Totals of this page)		\$ 1,219.61	\$ 1,219.61	\$
			Total		\$ 4,310.84		
			(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)				
			Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)			\$ 4,310.84	\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3772-470478-51003 AMERICAN EXPRESS PO BOX 1270 NEWARK, NJ 07101-1270	J	2009 REVOLVING CREDIT CARD CHARGES APPEARS IN CREDIT REPORT AS ACCT #3499-9164-0970-1903				1,522.08
ACCOUNT NO. AMERICAN EXPRESS IDC CUSTOMER SERVICE PO BOX 981535 EL PASO, TX 79998-1535		Assignee or other notification for: AMERICAN EXPRESS				
ACCOUNT NO. AMERICAN EXPRESS PO BOX 981537 EL PASO, TX 79998-1537		Assignee or other notification for: AMERICAN EXPRESS				
ACCOUNT NO. L-8 ASOCIACION DE RESIDENTES PALACIOS DE RIO I 600 CALLE TANAMA TOA ALTA, PR 00953-5023	J	07/2008 HOMEOWNER ASSOCIATION DUES				1,467.50
9 continuation sheets attached			Subtotal (Total of this page)	\$	2,989.58	
			Total	\$		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
TEG COLLECTION PO BOX 193833 SAN JUAN, PR 00919-3833		Assignee or other notification for: ASOCIACION DE RESIDENTES			
ACCOUNT NO.					
TROIS PROPERTY MANAGEMENT PO BOX 55444 BAYAMON, PR 00960-3444		Assignee or other notification for: ASOCIACION DE RESIDENTES			
ACCOUNT NO. 5414-8000-9060-8169	J	2009 REVOLVING CREDIT CARD CHARGES			2,105.71
BANCO SANTANDER PO BOX 362589 SAN JUAN, PR 00936-2589					
ACCOUNT NO. 744731-70	J	2007 PERSONAL LOAN			4,479.93
BAXTER CREDIT UNION PO BOX 1128 SAINT JUST, PR 00978-1128					
ACCOUNT NO.					
BAXTER CREDIT UNION PO BOX 8133 VERNON HILLS, IL 60061-8133		Assignee or other notification for: BAXTER CREDIT UNION			
ACCOUNT NO.					
BAXTER CREDIT UNION 340 N MILWAUKEE AVE VERNON HILLS, IL 60061-1533		Assignee or other notification for: BAXTER CREDIT UNION			
ACCOUNT NO.					
BAXTER CREDIT UNION 400 LAKEVIEW PKWY VERNON HILLS, IL 60061-1854		Assignee or other notification for: BAXTER CREDIT UNION			
Sheet no. 1 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 6,585.64	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 6032-5930-1198-0862	J	07/2008 INSTALLMENT SALES CONTRACT BEDROOM SET			
CITIFINANCIAL RETAIL SERVICES MUEBLERIAS BERRIOS PO BOX 71398 SAN JUAN, PR 00936-8498					831.56
ACCOUNT NO.		Assignee or other notification for: CITIFINANCIAL RETAIL SERVICES			
CITIFINANCIAL RETAIL SERVICES PO BOX 22066 TEMPE, AZ 85285-2066					
ACCOUNT NO.		Assignee or other notification for: CITIFINANCIAL RETAIL SERVICES			
CITIFINANCIAL RETAIL SERVICES PO BOX 1466 BAYAMON, PR 00960-1466					
ACCOUNT NO. 20100109	J	10/2009 MERCHANDISE			
DIAZ CANSECO FOOD SERVICE PO BOX 364765 SAN JUAN, PR 00936-4765					100.00
ACCOUNT NO. 09100004	J	12/2007 MERCHANDISE			
DIAZ CANSECO FOOD SERVICE PO BOX 364765 SAN JUAN, PR 00936-4765					3,400.00
ACCOUNT NO. DCM 2009-1853	J	2009 MERCHANDISE			
ENCINAL INC URB INDUSTRIAL BO PALMAS CARR 869 KM 2 CATANO, PR 00962					5,243.50
ACCOUNT NO.		Assignee or other notification for: ENCINAL INC			
JULIETTE DONATO BOFILL ESQ GARDENS HILLS PLAZA MSC 357 1353 CARR 19 GUAYNABO, PR 00966-2700					
Sheet no. 2 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	9,575.06
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
RUSH PARALEGAL SERVICES INC EXT FORREST HILLS H101 CALLE ATENAS BAYAMON, PR 00959		Assignee or other notification for: ENCINAL INC			
ACCOUNT NO.					
STAR MEAT GARDEN HILLS PLAZA PMB 342 1353 CARR 19 GUAYNABO, PR 00966-2700		Assignee or other notification for: ENCINAL INC			
ACCOUNT NO. 4744-0670-2065-1354	J	2008 REVOLVING CREDIT CARD CHARGES APPEARS IN CREDIT REPORT AS BANK OF AMERICA ACCT #4744-0679-9979-9150			7,128.62
FIA CARD SERVICES PO BOX 15019 WILMINGTON, DE 19886-5019					
ACCOUNT NO.					
BANK OF AMERICA PO BOX 17054 WILMINGTON, DE 19884-0001		Assignee or other notification for: FIA CARD SERVICES			
ACCOUNT NO.					
CAPITAL MANAGEMENT PR INC PO BOX 965 BUFFALO, NY 14220-0965		Assignee or other notification for: FIA CARD SERVICES			
ACCOUNT NO.					
CAPITAL MANAGEMENT PR INC 726 EXCHANGE ST STE 700 BUFFALO, NY 14210-1464		Assignee or other notification for: FIA CARD SERVICES			
ACCOUNT NO.					
FIA CARD SERVICES PO BOX 15026 WILMINGTON, DE 19850-5026		Assignee or other notification for: FIA CARD SERVICES			
Sheet no. 3 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 7,128.62	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
FIRSTBANK BANKRUPTCY DEPARTMENT PO BOX 9146 SAN JUAN, PR 00908-0146		Assignee or other notification for: FIA CARD SERVICES			
ACCOUNT NO. XXX-XX-6730	J	06/2008 MERCHANDISE			3,999.87
ACCOUNT NO. 6035 3202 7244 0254	J	02/2010 REVOLVING CREDIT CARD CHARGES			1,248.23
HOME DEPOT CREDIT SERVICES PROCESSING CENTER DES MOINES, IA 50368-9100					
ACCOUNT NO.		Assignee or other notification for: HOME DEPOT CREDIT SERVICES			
CITI CARDS PO BOX 70148 SAN JUAN, PR 00936-8148					
ACCOUNT NO.		Assignee or other notification for: HOME DEPOT CREDIT SERVICES			
CITI CARDS PO BOX 6497 SIOUX FALLS, SD 57117-6497					
ACCOUNT NO.		Assignee or other notification for: HOME DEPOT CREDIT SERVICES			
HOME DEPOT CREDIT SERVICES PO BOX 653000 DALLAS, TX 75265-3000					
ACCOUNT NO.		Assignee or other notification for: HOME DEPOT CREDIT SERVICES			
UNITED RECOVERY SYSTEMS LP PO BOX 722910 HOUSTON, TX 77272-2910					
Sheet no. 4 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 5,248.10	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
UNITED RECOVERY SYSTEMS LP 5800 N COURSE DR HOUSTON, TX 77072-1613		Assignee or other notification for: HOME DEPOT CREDIT SERVICES			
ACCOUNT NO. 42-261-284-752-0	J	2009 REVOLVING CREDIT CARD CHARGES			
MACYS PO BOX 183083 COLUMBUS, OH 43218-3083					542.87
ACCOUNT NO.		Assignee or other notification for: MACYS			
MACYS PO BOX 8066 MASON, OH 45040-8066					
ACCOUNT NO.	J	Assignee or other notification for: MACYS			
MACYS 911 DUKE BLVD MASON, OH 45040					
ACCOUNT NO. 31805		2009 MERCHANDISE			
MENDEZ AND COMPANY PO BOX 363348 SAN JUAN, PR 00936-3348					4,229.22
ACCOUNT NO.	J	Assignee or other notification for: MENDEZ AND COMPANY			
ILCA COLLECTION AGENCY PO BOX 362211 SAN JUAN, PR 00936-2211					
ACCOUNT NO. 6018 5962 2962 7421		2009 REVOLVING CREDIT CARD CHARGES			
OLD NAVY PO BOX 530942 ATLANTA, GA 30353-0942					1,155.52
Sheet no. <u>5</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	5,927.61
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. GE MONEY BANK BANKRUPTCY DEPARTMENT PO BOX 103104 ROSWELL, GA 30076-9104		Assignee or other notification for: OLD NAVY			
ACCOUNT NO. GE MONEY BANK PO BOX 981401 EL PASO, TX 79998-1401		Assignee or other notification for: OLD NAVY			
ACCOUNT NO. GE MONEY BANK PO BOX 981400 EL PASO, TX 79998-1400		Assignee or other notification for: OLD NAVY			
ACCOUNT NO. OLD NAVY PO BOX 981064 EL PASO, TX 79998-1064		Assignee or other notification for: OLD NAVY			
ACCOUNT NO. 4071-5400-4294-0933 PENTAGON FEDERAL CREDIT UNION PO BOX 247080 OMAHA, NE 68124-7080	J	2009 REVOLVING CREDIT CARD CHARGES			5,166.50
ACCOUNT NO. F BUENDIA DCC FT BUCHANAN BRANCH 673 S TERMINAL RD FORT BUCHANAN, PR 00934-4598		Assignee or other notification for: PENTAGON FEDERAL CREDIT UNION			
ACCOUNT NO. PENTAGON FEDERAL CREDIT UNION PO BOX 456 ALEXANDRIA, VA 22313-0456		Assignee or other notification for: PENTAGON FEDERAL CREDIT UNION			
Sheet no. <u>6</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 5,166.50	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
PENTAGON FEDERAL CREDIT UNION PO BOX 1432 ALEXANDRIA, VA 22313-2032		Assignee or other notification for: PENTAGON FEDERAL CREDIT UNION			
ACCOUNT NO. 2603937870-3	J	12/2006 PERSONAL LOAN			5,169.00
PENTAGON FEDERAL CREDIT UNION PO BOX 247080 OMAHA, NE 68124-7080					
ACCOUNT NO.					
F BUENDIA DCC FT BUCHANAN BRANCH 673 S TERMINAL RD FORT BUCHANAN, PR 00934-4598		Assignee or other notification for: PENTAGON FEDERAL CREDIT UNION			
ACCOUNT NO.					
PENTAGON FEDERAL CREDIT UNION PO BOX 456 ALEXANDRIA, VA 22313-0456		Assignee or other notification for: PENTAGON FEDERAL CREDIT UNION			
ACCOUNT NO.					
PENTAGON FEDERAL CREDIT UNION PO BOX 1432 ALEXANDRIA, VA 22313-2032		Assignee or other notification for: PENTAGON FEDERAL CREDIT UNION			
ACCOUNT NO. 7714-2804-1378-5577	J	2009 REVOLVING CREDIT CARD CHARGES APPEARS IN CREDIT REPORT AS ACCT #7714-4504-1378-5577			998.00
SAMS CLUB PO BOX 530942 ATLANTA, GA 30353-0942					
ACCOUNT NO.					
GE MONEY BANK BANKRUPTCY DEPARTMENT PO BOX 103104 ROSWELL, GA 30076-9104		Assignee or other notification for: SAMS CLUB			
Sheet no. <u>7</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 6,167.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. GE MONEY BANK PO BOX 981401 EL PASO, TX 79998-1401		Assignee or other notification for: SAMS CLUB			
ACCOUNT NO. GE MONEY BANK PO BOX 981400 EL PASO, TX 79998-1400		Assignee or other notification for: SAMS CLUB			
ACCOUNT NO. SAMS CLUB PO BOX 981064 EL PASO, TX 79998-1064		Assignee or other notification for: SAMS CLUB			
ACCOUNT NO. 5049 9486 0030 9969 SEARS CREDIT CARD PO BOX 183081 COLUMBUS, OH 43218-3081	J	07/2010 REVOLVING CREDIT CARD CHARGES			2,288.00
ACCOUNT NO. CITI CARDS PO BOX 70148 SAN JUAN, PR 00936-8148		Assignee or other notification for: SEARS CREDIT CARD			
ACCOUNT NO. CITI CARDS PO BOX 6189 SIOUX FALLS, SD 57117-6189		Assignee or other notification for: SEARS CREDIT CARD			
ACCOUNT NO. SEARS CREDIT CARDS PO BOX 6283 SIOUX FALLS, SD 57117-6283		Assignee or other notification for: SEARS CREDIT CARD			
Sheet no. 8 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 2,288.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 6035 2510 1435 0941 ZALES PROCESSING CENTER DES MOINES, IA 50364-0001	J	2008 REVOLVING CREDIT CARD CHARGES			2,388.26
ACCOUNT NO. CITI CARDS PO BOX 70148 SAN JUAN, PR 00936-8148		Assignee or other notification for: ZALES			
ACCOUNT NO. CITI CARDS PO BOX 6497 SIOUX FALLS, SD 57117-6497		Assignee or other notification for: ZALES			
ACCOUNT NO. UNITED RECOVERY SYSTEMS LP PO BOX 722910 HOUSTON, TX 77272-2910		Assignee or other notification for: ZALES			
ACCOUNT NO. UNITED RECOVERY SYSTEMS LP 5800 N COURSE DR HOUSTON, TX 77072-1613		Assignee or other notification for: ZALES			
ACCOUNT NO. ZALES CREDIT PLAN PO BOX 653054 DALLAS, TX 75265-3054		Assignee or other notification for: ZALES			
ACCOUNT NO.					
Sheet no. 9 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 2,388.26	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 53,464.37	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	
	Daugther	AGE(S): 19 Y
	Son	15 Y
	Nephew	7 Y
	Daugther	6 Y
Daugther	3 Y	
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	MANAGER	ADMINISTRATIVE ASSISTANT
Name of Employer	PROACTIVE LOGISTICS PMB 231	PROFESSIONAL HEALTH CLINIC
How long employed	3 years	1 years
Address of Employer	PO BOX 4985	400 CALLE CALAF STE 361
	CAGUAS, PR 00726-4985	SAN JUAN, PR 00918-1314

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	DEBTOR	SPOUSE
\$ 3,000.01	\$ 1,251.92	
\$	\$ 142.54	
	\$ 3,000.01	\$ 1,394.46

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 374.42	\$ 134.29
b. Insurance	\$ 2.17	\$ 2.77
c. Union dues	\$	\$
d. Other (specify) _____	\$	\$
	\$	\$

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 376.59	\$ 137.06
	\$ 2,623.42	\$ 1,257.40

7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify) _____	\$	\$
	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify) Pro-rated Christmas Bonus	\$ 50.00	\$ 25.00
	\$	\$
	\$	\$

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 50.00	\$ 25.00
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,673.42	\$ 1,282.40
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 3,955.82

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
State Income Tax Refund: \$3,608.00

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,192.38
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____	
2. Utilities:	
a. Electricity and heating fuel	\$ 200.00
b. Water and sewer	\$ 90.00
c. Telephone	\$
d. Other <u>Home Owner's Association</u>	\$ 62.50
	\$
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 600.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 25.00
7. Medical and dental expenses	\$ 25.00
8. Transportation (not including car payments)	\$ 396.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$
	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
	\$
14. Alimony, maintenance, and support paid to others	\$ 230.00
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other <u>See Schedule Attached</u>	\$ 654.94
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 3,575.82

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 3,955.82
b. Average monthly expenses from Line 18 above	\$ 3,575.82
c. Monthly net income (a. minus b.)	\$ 380.00

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

Other Expenses (DEBTOR)	
Haircuts	75.00
Cellular Phone Service	130.00
Cable T.V. and Internet Service	60.00
Cash Reserve and Miscellaneous	28.69
School Expenses (Uniforms, Books, Supplies, Etc.)	30.00
Auto Tax Sticker and Inspection	28.25
Day Care	303.00

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **November 5, 2010**Signature: /s/ WALDEMAR MELENDEZ GARCIA
WALDEMAR MELENDEZ GARCIA

Debtor

Date: **November 5, 2010**Signature: /s/ ANA D RIVERA RODRIGUEZ
ANA D RIVERA RODRIGUEZ

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. 10-10250-BMELENDEZ GARCIA, WALDEMAR & RIVERA RODRIGUEZ, ANA DChapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

30,000.00 Debtor's Income: Year-to-date**29,833.00 2009****40,045.00 2008****12,090.00 Spouse's Income: Year-to-date****2,113.00 2009****0.00 2008****2. Income other than from employment or operation of business**

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Encinal Inc. Vs. Debtor Civil Case #DCM 2009-1853	Collection's Suit	Bayamon Superior Court	Judgement: 09/15/2010

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE
Roberto Perez Obregon Esq
Attorney for Debtors
PO Box 9497
Bayamon, PR 00960-9497

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
10/22/2010	300.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
John Doe Address Unknown None	03/2010	2002 Ford Van Amount Received: \$3,500.00
Joel Address Unknown None	08/29/2010	2000 Ford Winstar Amount Received: \$800.00

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: November 5, 2010

Signature /s/ WALDEMAR MELENDEZ GARCIA
of Debtor

WALDEMAR MELENDEZ GARCIA

Date: November 5, 2010

Signature /s/ ANA D RIVERA RODRIGUEZ
of Joint Debtor
(if any)

ANA D RIVERA RODRIGUEZ

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.